

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 512791 FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		1		1			54						
5		2		1			55						
6		2		1			56						
7		2		1			57						
8	1		1				58						
9		1		1			59						
10		2		2			60						
11		2		2			61						
12		2		2			62						
13		1					63						
14			1				64						
15			1				65						
16							66						
17							67						
18							68						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		4				TOTAL IND.						
TOTAL DEP.	18		12				TOTAL DEP.						
TOTAL CLAIMS	20		16				TOTAL CLAIMS						